DOCUMENT RESUME

ED 051 616 EC 032 616

AUTHOR	Outland, Richard W.; Gore, Beatrice E.
TITLE	Home and Hospital Instruction in California.
INSTITUTION	California State Dept. of Education, Sacramento. Div. of Special Education.
PUB DATE	69
NOTE	66p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	Administrative Policy, Educational Programs, *Exceptional Child Education, *Homebound, *Home Instruction, *Hospitalized Children, *Physically Handicapped, State Programs, Teacher Role
IDENTIFIERS	California

ABSTRACT

Written in question and answer format, the bulletin contains answers to the most frequently asked questions regarding the California Program for Homebound and Hospitalized Children. Considered individually are the administration, the objectives and procedures of the instructional program, and the personnel roles and procedures involved in both home instruction and hospital instruction for children who are homebound or hospitalized for long periods due either to physical handicaps or prolonged illness. Attention is also given to the teleclass program, in which special telephone equipment enables homebound students to hear teachers and fellow classmates, participate in class discussions, and receive instructions as if in the classroom. Questions concerning eligibility, equipment, cost, teacher role, and legal provisions for teleclasses are answered. (KW)

HOME AND HOSPITAL INSTRUCTION IN CALIFORNIA

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Max Rafferty—Superintendent of Public Instruction
Sacramento 1969

ED051616

HOME AND HOSPITAL INSTRUCTION IN CALIFORNIA

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FOREWORD

For many years public education officials in California have agreed that emphasis should be placed on the development of educational programs which will enable all children to reach their ultimate potentials. This agreement applies to the handicapped as well as to the nonhandicapped children.

In some cases handicapped children are able to take their places in regular classes and progress satisfactorily with their nonhandicapped classmates. Other handicapped children need and receive special assistance either through remedial instruction or in a special day class. Such children are enrolled in schools and have access to the facilities and resources available within these schools.

Another group of handicapped children are those unable to attend school. These are the boys and girls who receive special instruction in their homes or in hospitals. Since these children are patients as well as students, the medical and educational programs must be planned so that both will function smoothly and efficiently. Home and hospital instruction provided by the public schools is an undertaking that requires the full effort and cooperation of both educational and medical personnel.

It is hoped that all persons concerned with the treatment, care, and education of homebound and hospitalized children will find in this publication practical information that will be useful in developing and continuing programs for such children.

Max Rafferty

Superintendent of Public Instruction

PREFACE

California is one of many states that provides instructional programs for children during periods when they are hospitalized or homebound because of prolonged illness. In 1945 the Legislature acted to provide additional programs for physically handicapped boys and girls under twenty-one years of age in regular and special day classes, in remedial classes, in hospitals, and in homes. Legislation passed since that time has made provisions for these programs to be improved and expanded.

During the 1966-67 school year, 1,475 school districts and the offices of county superintendents of schools provided home and hospital instruction to 18,000 physically handicapped children.

This bulletin contains answers to the questions most frequently asked regarding the California Program for Homebound and Hospitalized Children. The present bulletin supersedes one of the same title published in 1959 and gives updated information to answer the many questions arising concerning home and hospital instruction in this state. School administrators, medical personnel, and teachers should find these answers helpful in their endeavors to secure and maintain the educational programs these children require. School districts and the offices of county superintendents of schools are encouraged to utilize the services offered through the California State Department of Education.

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Chapter I

HOME INSTRUCTION

California public schools have responsibility for providing equal educational opportunities for all children in the state. In large measure these opportunities are made available by various school districts. However, when the districts under 8,000 average daily attendance are unable to provide such opportunities for physically handicapped pupils, the services must be offered by the offices of county superintendents of schools

Administration

It is desirable that the superintendents of each county and the governing boards of each district adopt policies to govern programs of individual instruction provided in the home. The policies adopted should include those pertaining to the eligibility of pupils for the instruction, the types and extent of services offered, and the administrative procedures employed. Clearly defined policies will help to develop a smoothly operating program, to build good public relations, and to protect the offices of county superintendents of schools or the school districts from unreasonable demands.

The administrator should provide leadership in formulating administrative policies, interpreting the program, establishing standards for the selection of teachers, and providing effective inservice training.

1. On what basis are physically handicapped children considered eligible for home instruction?

To be eligible for home instruction, a child must be physically unable to attend regular school because of being orthopedic or

because of having some other health impairment as diagnosed by a licensed physician and surgeon. According to the California Administrative Code, Title 5, Section 191.3 (f):

> A minor is orthopedic or other health impaired if a licensed physician and surgeon finds in his diagnosis that the minor has a serious impairment of his locomotion or motor function and that the impairment was caused by crippling due to one of the following:
>
> (1) Cerebral Palsy.
> (2) Poliomyelitis.
> (3) Infection, such as bone and joint tuberculosis and osteomyelitis.
> (4) Birth injury such as Erb's palsy or fractures.
> (5) Congenital anomalies, such as congenital amputation, clubfoot, congenital dislocations, or spina bifida.
> (6) Trauma, such as amputations, burns, or fractures.
> (7) Tumors, such as bone tumors, or bone cysts.
> (8) Developmental diseases, such as coxaplana or spinal osteochondritis.
> (9) Other conditions, such as fragile bones, muscular atrophy, muscular dystrophy, Perthes' Disease, hemophilia, uncontrolled epilepsy, or severe cardiac impairment.

2. What is the legal authority for establishing the home instruction program?

The governing boards of school districts having an average daily attendance of 8,000 or more must provide for the education of pupils in need of home instruction. (See Education Code sections 6802, 6806, and 8901.) The office of the county superintendent must provide home instruction for physically handicapped pupils who reside in the county and in elementary or high school districts with an average daily attendance of less than 8,000, and in the district or unified districts which have less than 8,000 average daily attendance at either the elementary or secondary levels whenever such districts have not provided or entered into a contract with other districts to provide a program. Any district under 8,000 average daily attendance may with the approval of the office of the county superintendent of schools provide a home instruction program.

3. What are the legal provisions for financing the program?

The cost of providing home instruction to individual pupils is greater that the cost of educating normal children in regular schools.

To assist in covering these additional costs, the state pays an allowance of $1,300 per a.d.a. to both school districts and the offices of the county superintendents of schools operating programs of home instruction. (See Education Code Section 18102 (3) (f).) This allowance is in addition to the basic aid, equalization aid, and supplemental support allowances.

Special education allowances are based on the a.d.a. reported by the offices of the county superintendents of schools and districts for the periods of attendance ending December 31 and April 15. Form J-22 P1, "First Period Report for Special Programs," and form J-22 P2, "Second Period Report for Special Programs," are used for reporting attendance. These forms are obtained from the offices of the county superintendents of schools. The offices of the county superintendents of schools approve the forms and forward them to the Bureau of School Apportionments and Reports, California State Department of Education.

4. What are the regulations regarding the amount of home instruction authorized?

In California the instruction provided for physically handicapped minors who are homebound is termed "individual instruction." Each clock hour of individual instruction counts as one day of attendance. (See Education Code Section 11201.) It would seem logical that the pupil who is homebound should be given as many days of instruction as he would receive if he were enrolled in a regular day class. If he is physically able, he should have instruction for at least an hour each day for as many days as he must be away from the regular school program. Under the provisions of the Education Code, no pupil shall be given individual instruction for more than three hours in any one day or be credited with more days of attendance for individual instruction during any fiscal year than the number of legal calendar days school may be maintained during such fiscal year. (See Education Code Section 11202.)

A full day's attendance may be credited for 60 minutes of individual instruction. An appropriate fractional part of a day's attendance may be credited for less than an hour of attendance. For example, 30 minutes of individual instruction may be credited as a half day of attendance.

Home instruction should be provided for each child who needs it. However, it should not be used in lieu of providing a classroom setting if the child is physically able to utilize such a program. Doctors, parents, teachers, and administrators should be helped to understand the importance of providing each child with instruction which will prove of greatest value to the child.

Home instruction should provide the pupil with as nearly as possible the same educational opportunities as he would have in a regular school program. This instruction frequently helps the pupil to keep up with his classmates and sometimes to make even greater progress than his classmates. However, the progress made by an individual is sometimes restricted because of his physical condition.

5. What is the school-to-home-by-telephone program, and how is it financed?

A school-to-home telephone service is a technique used to supplement and make more effective the work of the home teacher. An intercommunication telephone system is installed between the pupil's home and his school. His home is provided with a talk switch and volume control for the shut-in pupil. This unit is connected by private telephone lines to an amplifier and a station area or portable classroom station with volume control located in the school in which the homebound pupil is normally enrolled. Extra plug-in outlets may be provided for departmentalized classes.

With this mechanism the homebound child hears discussions in the regular classroom by the teacher and pupils. When called upon to recite or participate in group or class discussion, the shut-in can snap a switch and talk to the class. Therefore, at his bedside located far from the school, the homebound child can have a two-way conversation with his teacher and classmates and can participate in the classroom program.

In some cases younger children have benefited from the use of this equipment; however, research indicates that a functional mental ability level of nine years and a fourth-grade achievement level is required for most children to operate the equipment and learn in this fashion. Obviously, as children mature and are better able to sense visual situations, the educational benefits are increased.

Teaching by telephone is recommended as a supplement and not as a substitute for the home teacher. Since the shut-in requires a reasonable amount of personal contact and supervision, he needs to be assigned the proper lessons and materials, and he needs to be checked periodically on his progress. The home teacher should coordinate his program with that offered in the regular class. When the telephone is used, the number of hours per week spent with the home teacher can be reduced, or the necessary personal supervision can be provided by the classroom teacher. He may visit the child after school on regularly scheduled visits and receive extra compensation for the task. The school-to-home telephone service can usually be provided by the telephone company servicing that particular community or region. Since rates vary in different localities, information on installation, monthly rental, and wire charges should be obtained from the local telephone company.

When open telephone circuits between a home and a classroom providing two-way communications are used by homebound pupils for a minimum school day, attendance may be credited for the purpose of collecting special education allowances. Pupils in such a program are classified as physically handicapped minors in regular classes, and special education funds may be claimed. (See Education Code sections 6816 and 18102 (3) (f).)

It is also possible to provide home instruction for physically handicapped children simultaneously with school-to-home telephone instruction. The attendance of children given instruction at home by a certificated teacher under the special education program for the physically handicapped shall be credited as attendance in individual instruction. Each clock hour of teaching time devoted to individual instruction shall equal one day of attendance.

Special education allowances can be collected for a combination of instruction by telephone and instruction by means of home teaching, provided such instruction does not occur simultaneously or on the same school day.

Home teaching may alternate with school by telephone, and the attendance of such pupils should be kept in separate registers. The regular class teacher of the child should keep his attendance in the regular class for those days during which the child receives instruction by telephone; the attendance of the same child should be

kept in the register of the home teacher on such days as the child is given home instruction by the home teacher.

The expenses may include the cost incurred on behalf of a child for providing him with instruction by the telephone as well as individual instruction by means of a home teacher. In any event, the total attendance earned by the child when divided between the program of instruction and the regular class by telephone and the program of instruction at home by a home teacher should not exceed one unit of average daily attendance. The special education allowances for attendance during the time the pupil is classified as a physically handicapped minor in a regular class is $1,018 per unit of a.d.a. in the current fiscal year. During the time the pupil is classified as being given individual instruction at home, the special education allowance is $1,300 per unit of a.d.a. (See Education Code Section 18102 (2) and (3) (f).)

6. At what age are physically handicapped children eligible for home instruction?

Legal provisions make it possible to offer an educational program for physically handicapped pupils from ages three to twenty-one. (See Education Code sections 6801 and 6809.)

7. What admission and dismissal procedures are needed?

Before a child is placed on home instruction, a medical report from the attending physician is sent to the district superintendent of schools. (See Education Code Section 6809 (e).) The report contains the diagnosis of the child's condition, a statement of the child's limitations, and a statement that the child is physically able to participate in a special instructional program.

Periodic medical reexamination of homebound children should be made and a report of such examination routinely sent to the district superintendent at least once a year for all children and more often for certain children.

The home teaching program should be terminated when the physician's report states that the child is physically able to return to school. The return to school might involve his being enrolled in a

special day class or in a regular class with special provision for transportation and rest periods.

8. What types of teaching credentials are required for home instruction?

A teacher who gives home instruction in California is required to hold a valid kindergarten-primary, elementary, or secondary credential to teach in the schools of the state or a standard teaching credential with a specialization in elementary teaching, secondary teaching, or junior college teaching or a credential authorizing the teaching of exceptional children in an area of specialized preparation. (See Education Code Section 13287.)

9. Are pregnant school-age girls eligible for home instruction?

When the condition of pregnancy makes regular school attendance impossible or inadvisable, pregnant school-age girls shall be considered physically handicapped and may be provided home instruction. (See Education Code Section 6802.) Eligibility for home instruction because of pregnancy should be based on a medical assessment made by a licensed physician. The governing board of a school district or the office of the county superintendent of schools may also provide special day classes for pregnant minors. (See Education Code Section 6802 and California Administration Code, Title 5, Section 195.)

10. What services are offered by the Bureau for Physically Exceptional Children?

The Bureau for Physically Exceptional Children, California State Department of Education, provides the services of consultants in the education of pupils receiving home or hospital instruction.

These consultants will:

- Assist in the development, promotion, and coordination of statewide policies and practices for the education of pupils on home and hospital instruction

- Confer with federal, state, and school district officials in the development of curriculum, organization, and administration of educational programs for pupils on home and hospital instruction

- Assist school district officials in planning institutes and workshops for the inservice training of teachers providing home and hospital instruction

Instructional Program

Many different situations and conditions are encountered in providing an instructional program in the home. Limitations imposed by illness or physical disability may require that pupils be given short periods of instruction, frequent bed rest, and special equipment.

The home teacher must build up the experiences of the handicapped children just as a teacher in the regular school builds up the experiences of the nonhandicapped children. In so doing, the teacher will find that the extent of the experiences among the children he instructs depends in large measure upon the length of time the children have been handicapped and the nature and severity of their handicaps. In each instance the teacher must determine as fully as possible the children's needs for experiences that will enable them to understand the instruction they are given and the materials they are to study. In most cases the teacher "sets the stage" for the experiences and endeavors to motivate the children to engage in them.

11. What types of instructional programs are being used?

Three major types of home instruction are currently being offered: the home teacher, school-to-home-by-telephone, and teleclasses. Individual instruction provided by a teacher visiting the home of a physically handicapped pupil is the type of program most frequently used by the offices of the county superintendents of schools and by school districts.

A second type of instructional program being used is the school-to-home telephone service made possible by an electronic intercommunication unit similar to that used in offices but

specifically engineered for home instruction. This program is not a substitute for the home teacher but can be an effective supplement to the instruction provided by the home teacher. (See Chapter I, question 5.)

The third and newest type of home instruction is the program identified as "teleclasses." In teleclasses, pupils and teachers are joined by telephone, which enables the regular school pupils to hear the teacher and their homebound classmates by means of a specially constructed telephone console equipped with sending and receiving sets. (See Chapter III for additional information.)

12. What are the goals for home instruction?

The major educational goals for home instruction are identical to those for any group of children. Details will differ most in terms of program planning. Variations from the regular school program will be determined by the length of time the child will need to be at home and by the child's physical condition and prognosis.

Children who spend only a few weeks or a month on home instruction will generally benefit from a program focused on remedial work designed to help them keep pace with their classmates. For short-term pupils the major emphasis will be on preparing them to return to the regular school.

Children who never attend school need an educational program planned to meet their particular needs. Short-term goals should stimulate the desire for learning, enrich their daily living, provide social experiences, and develop a variety of interests and usable talents. Long-term goals should focus on adjustments to the disability by both the pupil and his parents and realistic preparation for a productive life, whether this be in a convalescent home, a hospital for chronically ill, or as a member of his community.

13. What are some guidelines for organizing the instructional program?

The time of onset of the child's illness or disability and the probable length of time required for care and treatment are factors the teacher must consider carefully when he plans the program of

home instruction for the child. An adequately organized program of home instruction should:

- Provide the teacher with all pertinent information concerning the child, his family situation, and an opportunity to discuss this information with other members of the team; e.g., the school principal, the doctor or the school nurse, the psychologist, and the child's regular teacher

- Provide each pupil with five hours of instruction per week; physical condition permitting, two or three weekly sessions of one and one-half to two and one-half hours in length may be preferred to one hour of daily instruction (Recommendations concerning the amount of instructional time the pupil can tolerate due to his physical condition should be available from the physician.)

- Provide for books and suggestions concerning the instructional program from the child's regular school

- Provide for the presentation of academic material in such a way that the pupil remains motivated and works to the fullest of his ability, although he has no classmates who offer any competition or incentive

- Provide a structure for evaluating the child's progress: educationally, socially, and emotionally

- Allow adequate time for the home instructor to make frequent contacts with the teacher of the regular class in which the pupil would ordinarily be enrolled (This particularly applies to short-term cases.)

- Develop a structure for the teacher to obtain visual aids, games, and educational devices which can be adapted for home instructional purposes

14. How should records and reports be handled?

Ideally, all records and reports concerning a pupil should be filed in a central filing area readily available to all professional personnel

having contact with the pupil. For smooth and effective operation of the program, it is recommended that basic report forms be developed by the offices of the county superintendent of schools and the district superintendent. (See Appendix A for samples of these forms.) Report forms should cover the following areas:

- Parents' request for home instruction
- Report from the regular school to the home teacher
- Medical verification for home instruction
- Home teacher's report (secondary level) to the regular school
- Letter of instruction to parents concerning home instruction
- Home teacher's report to the school upon the pupil's return

15. How is attendance recorded?

Attendance keeping will vary from district to district. However, generally a state school register is maintained by each home instructor. The bulletin, *Attendance Accounting in California Public Schools*, published by the State Department of Education, presents the following information concerning attendance accounting procedures for individual instruction of physically handicapped minors:

> Attendance for physically handicapped minors given individual instruction is recorded in separate state school registers or on other attendance forms that are clearly labeled "P/H Minors Given Individual Instruction." Such attendance is shown in terms of actual minutes of enrollment, and no absence is charged except when such absence equals the full enrollment period.
>
> Sixty minutes of instruction constitute a day of attendance for regular apportionment purposes for pupils enrolled for individual instruction, but no such pupil is to be credited with more than three days of attendance on any calendar day or more days of attendance during the school year than were maintained in the regular schools of the district. (Education Code Section 11202) There are no minimum day requirements in such cases.
>
> Sixty minutes of instruction constitute a day of attendance for excess expense purposes for physically handicapped minors given individual

instruction. Attendance of physically handicapped minors given individual instruction is reported on the elementary teacher's annual and period reports; on the annual reports of the elementary, high school, and junior college principal; and on the superintendent's annual and period attendance reports.

Average daily attendance is computed by dividing the total number of days of attendance by the number of days school was taught in the regular day schools of the district. In the event instruction is furnished by a county superintendent of schools, the divisor for the annual report is 175. For apportionment purposes, such average daily attendance is credited to the district furnishing the instruction. If the instruction is furnished by a county superintendent of schools, the average daily attendance is credited to an emergency school in the county. If there is no emergency school in the county, such attendance is credited to the County School Service Fund, and the apportionment of funds is made in the same manner in which apportionments are made for emergency schools. [1]

16. When does the child return to school?

The home instruction program should be terminated when the physician's report states that the child is physically able to return to school. The return to school might involve his being enrolled in a special day class or in a regular class with special provisions for transportation and rest periods.

17. What responsibility does the parent have in this program?

Parents play a vital role as members of the home teaching team. Before the first school session, the child and his parents should have a conference with the teacher and the supervisor. Such a visit can serve several purposes: to develop rapport between the school personnel and the family, to provide information to the family regarding the type of educational program in which the child is to be enrolled, and to determine an appropriate setting for the instructional program.

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[1] *Attendance Accounting in California Public Schools* (1967 Edition). Compiled by Jack T. Erikson. School Business Administration Publication No. 5. Sacramento: California State Department of Education, 1967, pp. 111-12.

Parents need help in understanding their responsibilities for the home teaching program. In addition to a personal conference, it is recommended that the parents be provided with a written communication suggesting that the parents:

- Have a responsible adult in the home at all times during the home teacher's visit.
- Have the child ready for instruction at the specified time.
- Notify the teacher in advance if there is any reason why it would not be possible to have a lesson.
- Provide a quiet place where the teacher and child can work without interruption.
- Cooperate with the teacher in seeing that the child does the required daily assignments.
- Arrange for the child to have sufficient hours of rest each night so he is ready for school work the next day.
- Help the child to accept his handicap and to make the needed emotional adjustment.
- Arrange for the child to be checked frequently by his physician to be certain he is transferred back to a regular school program as soon as he is physically able.

18. Can home instruction be provided during the summer?

Some school districts offer individual instruction for physically handicapped children at times other than when regular schools are in session. For example, many districts provide individual instruction during July and August. This provision is desirable inasmuch as physically handicapped children are often behind others educationally due to prolonged absences from school. Ideally, children who are homebound throughout the course of the year should receive instruction during the entire year.

When home instruction is provided during the summer between the regular academic years, this individual instruction is considered as

part of an "extended" academic year as compared to the academic year for the nonhandicapped. The state grants $1,300 per unit of a.d.a. for home instruction conducted on an extended academic year basis.

19. How are supplies and equipment made available to the home teacher?

When there is a large staff of home teachers, school administrators generally find it more efficient to have a central headquarters for these instructors. Such a headquarters should include a working area and storage space adjacent to a supply room where textbooks and expendable supplies are available. In smaller programs the teachers generally obtain the textbooks and expendable supplies from the child's own regular school.

The advantages of television, radio, kinescopes, educational films, filmstrips, tape recorders, and phonographs are well recognized in programs of home instruction. School administrators are urged to arrange for the availability and transportation of such teaching aids.

Personnel

The teacher who gives instruction in the home has a unique responsibility. He must provide for each child the educational opportunity he needs and provide this opportunity in such a way that the child progresses academically as much as his physical difficulty will permit. The teacher represents his own profession and at the same time works closely with members of the medical profession. He serves as liaison between the school and the home.

The teacher must recognize that the child who becomes homebound has special needs for maintaining contact with familiar people and things – with the regular school he attended, with his friends, and with his community. The teacher must understand that the child is apt to regard him, therefore, as a most important link with the outside world. During the period of home confinement, the child usually confides his thoughts and feelings about his illness or disability, about his family and his friends, and about his past and his future to the teacher.

The teacher who works in the home has direct contact with the parents and other members of the family and should, therefore, be especially capable of understanding child-family relationships. For many parents, the child's sickness or handicap means increased financial responsibility and added physical strain, as well as changes in their way of living which require a number of social and emotional adjustments. The teacher is in a favorable position to be helpful to the parents in making these necessary adjustments. For the child, confinement because of illness or disability means being away from the experiences that nonhandicapped children are having in a regular school. Also, he may have to cope with problems of convalescence that may be difficult to handle without assistance. The teacher should help the child progress in schoolwork as much as his limitations will allow and encourage him to engage in worthwhile leisure-time activities.

In addition to his regular work of home instruction, the teacher is responsible for being alert to any symptoms of change he may note in the physical condition of the child. The teacher cannot prescribe treatment, but he should report his observations to the school nurse, the school health officer, or the attending physician. The nursing and medical personnel, in turn, are responsible for interpreting to the teacher the child's condition and for following through on the teacher's reported observations.

Because of the special need of the homebound child and the close relationship between the teacher and the child's family, it is important that the teacher be richly endowed with patience, kindness, courage, and a sense of humor. He must be able to adjust easily to almost any situation that might arise in the home. He must realize that the child's primary goal is physical recovery or improvement and, although effective instruction can be a strong aid to this recovery or improvement, such instruction should never cause undue physical or mental strain to the child.

20. How can teachers for home instruction be secured?

A teacher who gives home instruction in California must have a valid teaching credential. (See Chapter I, question 8.) Some districts select from their regular staff (or from their list of substitute personnel) teachers who have demonstrated successful teaching in

regular classes. In rural areas and in small districts where there are only one or two children needing the service, home instruction may be provided by having a regular teacher of the school nearest the child's home schedule his time so as to give instruction after school hours.

Even when there is a large staff of home teachers, it is practically impossible to arrange a teacher's work so that all his pupils are on the same grade level or studying the same subjects. The teacher selected should have a broad background of professional training and experience so that he will know how to adapt instruction to each pupil's needs. A teacher's home instruction is usually more effective if he has taught on several different grade levels and in a variety of subject fields. However, in certain instances it may be necessary to employ teachers to give specialized instruction in science, higher mathematics, commercial subjects, foreign languages, or homemaking. If possible, teachers should be employed who have some training in special education such as an orientation course in orthopedic conditions and methods of teaching orthopedically handicapped children.

21. How are home teachers supervised and evaluated?

The assignment of responsibility for supervision of the program will depend upon administrative organization of the district. In certain districts the superintendent might supervise the program. In other districts such responsibility is assigned to a member of the superintendent's staff who either does the supervising or directs the work of personnel employed to do such supervision. In each instance, the important considerations are that (1) home teaching should be organized as an integral part of the total educational program; (2) a clear line of administrative authority should be established; and (3) each individual responsible for any part of the home instruction program should have special training for the service he renders and should be interested in the work that is being done in the program.

22. Who establishes the home teacher's schedule?

Under the direction of the administrator in charge, the teacher makes a specific daily schedule established in the best interests of the pupil.

If for some reason a change in this schedule is necessary, the administrator should be notified immediately.

23. What is the relationship between the home teacher and the regular teacher?

The home teacher must maintain close cooperation with the regular school in which the child is enrolled. The home teacher is responsible for obtaining the appropriate textbooks and courses of study for the home instruction program. He is responsible for keeping both the regular teacher and the principal informed as to the child's progress. He must do everything possible to expedite the child's return to school at the appropriate time.

It is highly desirable that both the school personnel and the home teacher work closely together in planning the child's return to his school. The home teacher must report to the school (1) information regarding the academic progress of the child and any related problems which may exist at the time the child reenters school; and (2) observations regarding emotional and psychological conditions manifested by the child during his convalescence which might continue to be manifest after reentry. Through frequent consultation and careful planning, the home teacher and the school staff can help make the child's return to school a pleasant and profitable experience.

24. Are home teachers eligible to participate in the State Teachers' Retirement System?

Home teachers are eligible to participate in the State Teachers' Retirement System. Teachers who are members of the system prior to becoming home teachers may receive credit toward retirement for services performed as home teachers. However, if home teaching is done in addition to a full day of teaching, the home teaching should be classified as overtime employment. Retirement contributions are not withheld for overtime, and such time does not count toward retirement benefits.

Home teachers not already members will not receive credit in the State Teachers' Retirement System until such time as they qualify for membership. Upon serving 24 hours in a pay period, they become

members effective the first day of the pay period in which the qualifying service was rendered.

25. What is the role of the physician?

To determine the child's medical eligibility, the administrator in charge shall secure a diagnosis and a recommendation from the family physician or medical clinic. It is recommended that the district develop a form for this purpose. (See Appendix A, "Medical Verification for Home Instruction.") There should also be a written release from the physician when a child is ready to return to regular school.

The physician should keep the teacher informed regarding the condition of each handicapped child for whom home instruction is being provided. This information should be of such a nature that the teacher can use it to advantage in adapting his instruction to meet the child's needs. The information given by the physician may include the following:

- Diagnosis of the case in general terms
- The general surgical plan of reconstruction (if surgery is involved in the case); what has been done and what remains to be done for the child
- Points of emphasis on background: psychological factors that have immediate relation to projected care and treatment of the child
- Some indication of medical prognosis as it pertains to prevention and correction of the deformity and to the nature and amount of educational and vocational help that should be provided

An administrative structure needs to be established for obtaining this information from the physician. The administrator in charge of the program may request the information, or he may assign this responsibility directly to a nurse or the home teacher. In any case the information obtained about an individual child should be made available to the home teacher working with that child as soon as possible.

26. What is the role of the school nurse?

Many school districts and offices of the county superintendents of schools assign a nurse to the home instruction program. The nurse serves as liaison between the child's physician and the school personnel serving the child. She is available as a resource person to the teacher when health problems arise; e.g., the pupil not following the physician's orders or poor standards of cleanliness as related to the pupil and the teaching station. The nurse can also provide the teacher with techniques for making the child more comfortable.

27. What staff is required for the home instruction program?

The professional staff serving pupils on home instruction will vary with school districts. Ideally, the professional team should include the following:

- Director of special education
- Principal of the child's regular school
- Physician
- School psychologist
- School nurse
- School social worker
- Home instructor
- Teacher of the child's regular class
- Physical and occupational therapist, when required (frequently provided by the Elks Mobile Unit [2])

The continuous cooperation of all personnel who have responsibility for the care, treatment, and education of homebound

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[2] Additional information may be obtained from: California Elks Major Project, Inc., 502 East Sunset Drive, Whittier, California 90602.

pupils is absolutely essential for an effective program. According to one authority:

> Unless attention is given to the force of interdisciplinary judgment and action upon the child, the resultant efforts will undoubtedly be fragmented and disordered.[3]

28. What provisions should be made for the inservice training of home instruction teachers?

A program of inservice training should be provided for teachers who are working in the program of home instruction. This program should include activities such as the following:

- Workshops planned to assist teachers in developing and enriching their programs by working cooperatively on solutions to their problems
- Presentations by specialists to help teachers in the proper use of audio-visual materials, certain musical instruments, new media in art and handicrafts, and in testing and counseling techniques suitable for use in the home
- Regional meetings with home teachers from other districts, specialists from colleges, and representatives from teacher organizations to help teachers build confidence in themselves and the work they are doing
- Opportunities for home teachers to attend local, state, and national meetings in which their types of services are discussed

In the past, many home teachers, because their ranks were small and the students they taught were few in number, were of the opinion that their problems were overlooked and that their services were relegated "to the sidelines." Recently, however, their substantial contributions to education have been given increasing recognition and appreciation. Increasingly, school districts employing

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[3]Frances P. Connor, *Education of Homebound or Hospitalized Children.* New York: Teachers College Press, Columbia University, 1964, p. 43.

the services of home teachers recognize the teachers' problems and professional importance and provide such teachers with strong administrative support.

29. What professional organizations are available for home instruction teachers?

Teachers will find it advantageous to join at least one professional organization that is concerned with the education of exceptional children. At the national level the Association for Educators of Homebound and Hospitalized Children has been formed, and teachers can become members by writing to the Association of Educators of Homebound and Hospitalized Children, in care of Council for Exceptional Children, 1201 Sixteenth St., N.W., Washington, D.C. 20036.

At the state level any certificated person who is regularly employed by a public school system, is actively interested in the general welfare and education of exceptional children, and is involved in the program for hospitalized, homebound, or physically handicapped children is eligible to become a member of the Division of Educators of the Homebound, Hospitalized, and Physically Handicapped, California State Federation of Council for Exceptional Children. Additional information concerning this organization can be obtained by contacting the California State Federation, Council for Exceptional Children, P. O. Box 3083, Floral Park Station, Santa Ana, California 92706.

Chapter II

HOSPITAL INSTRUCTION

California legislation contains specific provisions for school districts relative to operating programs for physically handicapped minors in a hospital setting. In several instances these are incorporated as part of the Education Code sections relative to other types of programming for physically handicapped minors. This chapter will deal with those specific provisions which will be of concern to a school district in operating a program of education within a hospital environment.

Administration

1. On what basis are children classified as physically handicapped for hospital instruction?

Education Code Section 6802 defines a physically handicapped child as: "Any minor who, by reason of a physical impairment, cannot receive the full benefit of ordinary education facilities, shall be considered a physically handicapped individual... ." Children with orthopedic handicaps are included under this broad definition of physically handicapped minors. For the purposes of hospital teaching, any child who is confined to a hospital because of physical illness or physical conditions which make school attendance impossible or inadvisable shall be considered as being physically handicapped.

2. When does the school district furnish education to a physically handicapped minor?

According to Education Code Section 6805, which appears in Chapter 8, Division 6, of the Code:

Any school district furnishing education to physically handicapped minors... shall furnish such education to all such handicapped minors actually living within the district five or more days a week, although their legal residence may be outside the district.

3. What is the minimum age of a physically handicapped minor for admission to an educational program?

According to Education Code Section 6809: "Physically handicapped minors may be admitted at the age of three years to special schools or classes established for such minors... ."

4. Is the hospital an authorized place of instruction for physically handicapped minors?

According to Education Code Section 6812:

...physically handicaped minors may be instructed in special schools or special classes, in hospitals, sanitoriums, or preventoriums, in the home through the employment of home instructors, by cooperative arrangement with the Department of Rehabilitation, or by any other means approved by the State Department of Education. ...

5. What obligation does the county superintendent of schools have for the establishment of programs within hospitals?

According to Education Code Section 8901:

The county superintendent of schools shall establish and maintain programs for physically handicapped minors who come within the provisions of Section 6801 or 6802, including cerebral palsied, orthopedically handicapped, visually handicapped, or aurally handicapped, and who reside in the county and in elementary or unified school districts which have an average daily attendance of less than 8,000 in the elementary schools of the districts or in unified or high school districts which have an average daily attendance of less than 8,000 in the high schools of the districts, whenever such districts have not provided nor entered into contract with other districts to provide such programs.

Such program shall, with the approval of the county board of education, be provided in one or more of the following ways:

(a) In special schools or classes of elementary and secondary grade and in remedial classes of elementary and secondary grade.
(b) By the employment of emergency teachers to provide special instruction in the regular schools of the districts of the county.
(c) By the maintenance of special classes of secondary grade.
(d) By the employment of home instructors to give individual instruction in the home or at the bedside in institutions, ...

6. Who shall receive credit for attendance in classes in hospitals, sanitoriums, and preventoriums?

According to Education Code Section 6813:

...special classes or individual instruction provided for pretuberculous, tuberculous, convalescent, or other physically handicapped minors in hospitals, sanitoriums, and preventoriums, may be maintained in the institutions within or without the school district, and the attendance of pupils in the institutions shall be credited to the district providing the instruction.

7. What financial allowance is available, and how is it determined?

To assist in covering the additional costs of individual instruction in a hospital, an allowance of $1,300 per unit of average daily attendance is paid by the state to districts or offices of the county superintendents of schools operating the program. If special classes are operated within the hospital, an allowance of $12,215 per class is paid by the state to the district or county superintendent operating the program. The class allowance is granted, provided that the enrollment in such class is one-half or more of the prescribed maximum. The allowance of $1,018 per average daily attendance is granted if the enrollment in the class is less than one-half the prescribed limit. These allowances are in addition to the basic aid, equalization aid, and supplemental support allowances. (See Education Code Section 18102.)

8. What are the regulations regarding maximum class enrollment?

The maximum legal enrollment in special hospital classes for either orthopedic or other health impaired pupils is dependent upon the chronological age spread of the pupils. In the preschool and lower

elementary groups (age range of three years through eight years) the maximum class size is 12. In the upper elementary and secondary groups (age range of nine years through 20 years) the maximum class size is 16. A special class for orthopedic or other health impaired in which there are pupils below and above nine years of age enrolled, shall be that size specified for the preschool/lower elementary level. Any increase of enrollment above the appropriate size shall be made only on prior written approval of the Superintendent of Public Instruction on request initiated after the opening of school each year.

If a request to exceed the authorized maximum class size is necessary to make, the school district or the office of the county superintendent of schools should write to the Superintendent of Public Instruction requesting permission to do so; the request should include the names and ages of the pupils involved. A specific reason for the request should be stated. The Superintendent of Public Instruction will either grant the request or refuse it. Approval is effective for one year only. Specific reasons for a refusal are given.

9. Who is eligible to attend an education program in a hospital or sanitorium?

According to Education Code Section 6851:

> Whenever a school district maintains a school or classes at a tuberculosis or polio ward, hospital or sanitorium established and maintained by a county or group of counties, any minor or adult who has been admitted to such ward, hospital or sanitorium is, if otherwise qualified, eligible to attend such school or classes but shall be deemed to be, for the purposes of this code, a resident of the school district in which he resided prior to his admission to such tuberculosis or polio ward, hospital or sanitorium... .

10. What is the length of school day for classes within a hospital?

According to Education Code Section 6851: "The minimum school day for such classes is 180 minutes."

11. When shall the district of residence be notified of a student's enrollment in a hospital educational program outside his district?

According to Education Code Section 6851: "The school district maintaining the school shall, no later than 30 days following the date

of enrollment of a student who resides in another school district under this section, notify the district of residence of the student's enrollment."

12. How is the cost of education in a hospital or sanitorium determined, and how is payment made?

According to Education Code Section 6852:

> The cost for a school year of educating any minor or adult who attends such a school or class and who is deemed to be a resident of the district in which he resided prior to his admission to such tuberculosis or polio ward, hospital, or sanitorium shall be paid by the school district of which any such minor or adult is a resident to the district maintaining a school or class in which such minor or adult is enrolled pursuant to this article. The cost shall be determined by dividing the total current expenditures of the school district during such school year for the maintenance of such school or classes, less all apportionments from the State or allocations from the Federal Government on account of such schools or classes, by the total number of units of average daily attendance in such school or classes during such school year . ...

13. Does the Superintendent of Public Instruction offer guidelines to the hospital schools and classes?

According to Education Code Section 6852: "The Superintendent of Public Instruction shall adopt standards and regulations relating to administration, attendance, accounting and counseling in hospital schools and classes."

Sources for these standards and regulations may be found in the California Administrative Code, Title 5, and in *Attendance Accounting in California Public Schools.*[1]

14. When shall claim for payment be made by the school district offering the educational program?

According to Education Code Section 6853:

> Not later than July 15 of each year, the district maintaining such school or classes shall forward its claim to the district of residence, for the cost of

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[1] *Attendance Accounting in California Public Schools* (1967 Edition). Compiled by Jack T. Erickson. School Business Administration, Publication No. 5. Sacramento: California State Department of Education, 1967, pp. 111-12.

educating minors or adults who are residents of such district during the preceeding school year, and the governing board of such district shall upon the receipt thereof pay such claim.

15. May the board of supervisors levy a tax to pay such a claim?

According to Education Code Section 6854:

The governing board of the district to whom the claim prescribed by Section 6853 is presented may include in its budget the amount necessary to pay the claim, and if the amount is included in the budget the board of supervisors shall levy a school district tax to raise the amount. The school district tax shall be in addition to any other school district tax authorized by law to be levied.

16. Shall the board of supervisors levy a tax to maintain classes in hospitals or sanitoriums?

According to Education Code Section 6855:

The governing board of any school district maintaining a school or classes at a tuberculosis or polio ward, hospital or sanitorium, may include in its budget the amount necessary to maintain such school or classes, and the board of supervisors shall levy a school district tax necessary to raise such amount. The tax shall be in addition to any other school district tax authorized by law to be levied.

17. How is individual instruction in a hospital counted for attendance purposes?

According to Education Code Section 11202:

With respect to physically handicapped pupils given instruction at home or in a hospital...each clock hour of teaching time devoted to the individual instruction of such pupils shall count as one day of attendance. ...but no such pupil shall be given individual instruction for more than three hours in any one day or credited with more days of attendance for individual instruction during any fiscal year than the number of legal calender days school may be maintained during such fiscal year.

18. What type of teaching credential is required for a hospital teacher?

The credential requirements for a hospital teacher are the same as for a home instruction teacher. (See Education Code Section 13287.)

When a group of students is organized on a special class basis within the hospital, the teacher must hold an authorization to teach orthopedically handicapped children, as defined in California Administrative Code, Title 5, Section 6263.

Instructional Program

The development of a program of studies for a child confined to a hospital requires considerable insight and planning by all concerned within both the school and the hospital. There is little relationship between the degree and nature of physical crippling and the potential for educational and vocational success. Therefore, each hospitalized child must have an educational program planned on the basis of his interests, the curriculum instructional functioning, the short- and long-range goals as ascertained through individual counseling, and a realistic assessment of his physical handicap and associated problems. Administrators and teachers involved in the development of a hospital school program frequently request guidelines for the development of such a program of studies.

19. Is it necessary at the elementary and secondary levels for the program of studies to meet the requirement of the course of study as defined in Education Code sections 7604 and 7700?

Hospital instruction is given primarily for the purpose of helping the child to make up the work he has missed and to keep abreast of his classmates in the regular school. Therefore, every effort should be made to encompass as much as possible the same areas of instruction as would be offered in a regular school program. Limitations which are imposed by the illness or physical disability may require that the pupil have shorter periods of instruction, frequent bed rest, and special equipment; but the basic program of studies offered to a hospitalized child should be of the same high academic quality as in regular school.

20. What considerations must be made for the scheduling of the subject areas being studied?

A schedule must be developed which will accommodate an educational program of a minimum of 180 minutes but which will still be within the limits set for medical and therapeutic programs. Difficulties are frequently encountered because of the necessary interruptions during any school day by the medical personnel involved in maintaining the child's physical care program.

21. Should there be a program of independent study on the secondary level consistent with graduation requirements?

Secondary students should be given regular home assignments and, if possible, be required to maintain attendance at a regularly scheduled study hall.

22. Is it possible to offer courses which meet special needs of pupils?

Frequently, the hospital teacher finds there is a span of several years in the ages of the pupils and the grade levels he must teach. In addition the pupils may vary greatly in ability and performance levels. Teachers are encouraged to individualize by means of special projects, correspondence courses, programmed materials, and utilization of small homogeneous groups within the classroom in order to deal with individual interests.

23. Should a program of studies be flexible enough to permit pupils to work on special projects?

Frequently, the hospitalized child can be encouraged to increase his academic proficiency through the utilization of special projects more than by any other technique. The special project not only encourages interest in a certain field of preparation but also serves as a welcome use for free time.

24. Is it possible to provide a program of studies in a hospital which is balanced with school subjects as well as aesthetics and creative exercises?

Although as much emphasis as possible should be placed on the acquisition of academic skills, considerable emphasis should also be

placed on art, painting, scissor and clay work, singing, poetry, and dramatic play. Television and filmstrips have also proved to be of great value in the development of a well-rounded educational experience.

25. Should a hospital program provide time for physical activities within the abilities of the children?

Several hospitals have developed physical education as a regular class at both the elementary and high school levels. Wheelchair games have become of increasing interest to the children. Rules of the various games have been learned in order that these children can develop an interest in, and appreciation for, the various sporting events.

26. How should the educational needs of hospitalized children be assessed?

In order to assess the educational needs of each pupil, a variety of tools are available. The pupil's cumulative record or report brought from his regular school should be carefully evaluated relative to his past performance in school. (See Appendix A for sample.) A variety of standardized educational achievement and psychological tests are available. Conferences should be encouraged between the teacher, physician, floor nurse, and psychologist on current physical and educational functioning. Consideration must be given to any projected surgery or therapy programs which will affect the pupil. Individual counseling should be made consistently available to pupils at all levels in order to discover any emotional problems.

27. What role should the hospital personnel play in curriculum development?

Many hospitals hold joint meetings of hospital and school personnel in order that particular aspects of the curriculum may be discussed. The hospital is very much interested in the total development of the child. This includes social and educational development as well as physical development. It is important that the hospital staff members be made partners in the planning and scheduling of each child's educational program.

28. How can provisions be made to supply adequate equipment and supplementary materials for the operation of a hospital school program?

Within the limits of the budget set by the school district operating the hospital program, equipment, materials, and supplies should be requested through the regular channels established by that school district. Many hospitals are very willing for the school program to utilize any necessary equipment in order to promote the educational program, especially if such equipment will be used on a short-term basis.

29. Should the hospital library be of concern to the school program?

Each teacher assigned to a hospital school should arrange for a class observation of the quality and quantity of the books in the hospital library. Frequently, the hospital librarian will request lists of books which would make desirable additions to the library. It is important for the teachers to work closely with the librarian in order that assignments can be made requiring library research. Most hospital libraries provide cart service which transports books to the wards for the children who cannot physically make the trip to the library. An increasing amount of interest is being shown in adequate library services within hospitals. The teachers should take full advantage of any opportunity to further this interest in providing for recreational reading for hospitalized children.

30. To what extent should school books and recreational materials suitable to the needs of the pupils be made available during nonschool time?

It is the policy in most hospital schools for the pupils to be allowed full use of all school-connected books and materials at any time. Most hospitals provide considerable recreational material, but frequently the pupils enjoy using in their wards the material that they are most familiar with in school. Floor nurses and supervisors generally are responsible for materials used on the wards outside of school hours.

31. What types of teaching facilities are found in hospitals?

When hospital instruction is given in the group situation, every effort is made to have the group comprised of children of like age,

even though some hospitals may not have special classroom facilities. It is advisable to form the groups according to the wards in which the children are being treated and to conduct the classes in their wards. In most hospitals the younger children of both sexes who are in the same age bracket can be taught quite comfortably on the ward. In the hospitals which have classrooms or wings for instructional purposes, group formation becomes much simpler. In this situation the children leave their wards and share a classroom atmosphere somewhat like that provided in the regular school. In every hospital situation the teacher will find certain children confined to their beds without the possibility of any movement. When this situation occurs, it is necessary to provide these children with individual bedside instruction.

32. What type of equipment is necessary for teaching on the hospital ward?

When the teacher gives instruction on the ward, a cart or wagon designed for storing and transporting equipment and supplies is a valuable asset. Through the use of such carts, instructional materials can be made conveniently available for use as needed. Frequent checking of materials on the cart is necessary in order to have a wide range of educational materials available immediately. Chalkboards and feltboards mounted on standards which are equipped with casters can be used to great advantage in the hospital ward. The height of each board should be adjustable, so that it can be raised above the bed or otherwise adjusted for the child to use it conveniently. The chalkboard may have cork on the reverse side for use as a bulletin board. Hooks placed at the top of the board make it useful for hanging maps, turnover charts, and graphs. Feltboards serve many purposes in the instructional program; e.g., illustrating stories, clarifying relationships in geometry, symbolizing a science concept, highlighting points of discussion, and illustrating certain principles in art design.

Projectors, radios, talking book machines, and other types of audio-visual equipment are invaluable for a hospitalized child. The old-fashioned stereoscope once familiar in homes and community libraries is still a highly effective device to use for children confined to their beds for long periods. Three-dimensional pictures may be used to enrich or supplement such subjects as science, nature study, storytelling, and geography. The ceiling projector which uses

microfilm reproductions of books, cartoons, magazines, and other materials is an aid to instruction when children are in body casts or traction and cannot sit up. The projector gives them the opportunity for leisure-time reading and is particularly helpful to children who are physically unable to hold a book. Television sets are readily available in most hospitals; therefore, educational planning should include their use to further extend the instructional program. Teachers' guides and cuts which contain directional materials that accompany televised lessons or broadcasts are usually available from television and radio stations.

Portable display cases borrowed from museums can be used to add interest and enjoyment to science and history studies. In some instances, display cases of this type which have been prepared in regular schools can be borrowed and used for periods of time in the hospital classes.

33. Who is responsible for the selection of the materials used in the hospital school program?

The teacher, after consultation with her supervisor and frequently the floor nurse, must prepare and select the kinds of materials which can be used to the best advantage for the children. Physical ability of the pupils to handle materials must be considered. For example, books of small size and of light weight are handled much more easily than large heavy books. Sections or chapters of books may be cut from expendable volumes and fastened together with staples or loose-leaf rings in order to facilitate handling. For young children, a single page may be extracted from a book and mounted on cardboard. Magazines may have to be taken apart and fastened together with loose-leaf rings in order to allow easier page turning.

34. Is it possible to involve the parents in the educational program of a hospitalized child?

Conferences with parents concerning their hospitalized child are difficult but certainly not impossible. Many hospital teachers, through careful planning, are able to make arrangements for parents to come earlier than regular visiting hours in order to discuss the children's educational program. Some hospitals provide for regular organized parent groups similar to the PTA in order to bring the

families of children, particularly long-term patients, into close contact with the school program. Whenever a child spends many months and sometimes years in a hospital away from his family, it becomes a primary concern that every effort be made to maintain a strong family interest in the child's educational development. Regular reporting of the child's academic progress should be made by the hospital teacher to the parents.

35. What is the procedure for enrollment of a child in a hospital school program?

In most hospitals the teacher and the supervisor are kept informed of the patients admitted to the hospital. As soon as the doctor determines that the child's physical progress has reached a stage when it would be advantageous for him to reestablish himself in his educational program, the teacher and the supervisor are notified. The child is then enrolled, as quickly as the teacher can make arrangements for the child to be included in the group setting or to be given bedside instruction. In many county hospitals pupils may come from any school in the county, thereby requiring the teacher to make contact with a large number of school districts. Nevertheless, the teacher should immediately contact the school in which each pupil was enrolled and make arrangements for the instruction to proceed with a minimum of lost time.

Personnel

It is important for all persons working within a hospital to be particularly sensitive to the needs of children who are ill. The traumatic experiences of surgery, illness, or disability must be understood. Fears – even the terrors – of some children when they encounter pain and the strangeness of the hospital environment, must be dealt with. Each person who works in any capacity with the hospitalized child must know that, above all, the child needs to be secure, to be loved, and to be given the opportunity to achieve.

36. What is the role of the hospital teacher?

The hospital teacher must be aware that the medical treatment of his pupils receives first consideration, that the educational program

must be planned in conformity with the overall hospital schedule, and that the instruction given each child must be planned in relation to his physical condition as well as to his educational needs.

The hospital teacher is a recognized member of the professional team. He plans ways of meeting the needs of the hospitalized child and plans schedules for the services to be rendered. The teacher attends conferences of the members of the hospital staff who are directly responsible for the care and treatment of the child. He recognizes the difficulties that are involved in scheduling hospital work and understands the occasional necessity for interrupting or changing a schedule. He accepts the doctors' rounds, the emergency conferences, and the quarantines that may disrupt the daily study program. He knows that his plans for providing instruction must be kept sufficiently flexible to permit changes in them at a moment's notice. The teacher knows that, each morning, nurses, nurses' aides, attendants, and others responsible for the routine care of the children must bathe them, dress them, take their temperatures, give them their breakfasts, and perform other necessary services for them prior to instruction time. To prevent undue delay the teacher, therefore, keeps a schedule of instruction posted so that these persons may be informed of the hours of instruction for each child or group of children. This also facilitates planning work so that instruction may be given without undue interruption. As a rule, the hospital teacher has had years of experience in the regular classroom. In the day school he was surrounded by other teachers. In the hospital he works with people who have not been concerned primarily with education and who may not fully understand the school program. It is desirable, therefore, that early communication be established between the teacher and the members of the hospital staff. If the policies and schedules of both types of services – medical and educational – are understood by all, the hospital teacher can carry out an effective instructional program. The teacher can improve his relationships with others in the hospital by recognizing the fact that, especially in the case of a long-term patient, the hospital staff becomes the child's "family." If the teacher is willing to share the child's problems and accomplishments with the hospital staff, the staff members are apt to show great interest in the educational program.

It is well known that a patient makes better physical progress if he is emotionally content than if he is ill at ease or disturbed. The

teacher, therefore, along with members of the hospital staff, plays an important role in bringing happiness to the child. The teacher's manner, his appearance, and especially his attitudes toward illness and pain, go far toward helping the child to experience the peace of mind and the security he needs.

37. How are hospital teachers supervised and evaluated?

In large hospitals, when a number of teachers are assigned, a principal is usually in charge of the program. In smaller hospitals, as a rule, the teachers work directly under the director of special education or the director of special services in the school district. Still other hospital teachers are supervised and evaluated by principals of special day schools for physically handicapped children. In any case, the person who is responsible for the hospital teaching program in the school district must observe carefully the work of the hospital teacher and the scope of the program offered. Not every teacher finds it possible to work effectively with hospitalized children; therefore, it is imperative that good supervision be available to him.

38. How is the hospital teacher's schedule established?

To the highest degree possible, the hospitalized child should have a normal school program for his age and grade level, limited only by the specific nature of his physical handicap and the resulting educational gaps.

In considering the hierachy of needs which the hospitalized child presents, his physical problem, of course, must assume primacy. His physical limit will be set by the medical personnel. This means that all educational planning must be the result of concerted team effort involving a mutual exchange of all information concerning the child.

39. What is the role of the hospital administrator in the school?

The hospital administrator frequently sets the climate within the hospital which leads to the acceptance and understanding of the educational program within the total hospital picture. He provides coordination through his staff in order to allow for staff

participation in programming, scheduling, and evaluation. He is also involved in the establishment of adequate teaching stations and classrooms, as well as the provision of some equipment and personnel. Frequently, the hospital superintendent serves as primary liaison person between the hospital and the school district when goals and policies for the educational program are defined.

40. What other members of the hospital staff have direct contact with the school program, and what are their responsibilities?

Ward physician. The child's doctor is responsible for his total program within the hospital. The teacher will receive advice from the doctor as to the time when a hospitalized child is well enough to receive instruction. All directions which the doctor gives relative to the physical handling of the child must be followed by the hospital teacher.

Ward nurse. Frequently, the ward nurse assumes the role of mother while the child is in the hospital. She sees that the child is ready for school on time and reports to the teacher any necessary information regarding changes in schedule which would affect the child's educational program. She is responsible for carrying out all of the doctor's instructions for everyone in her ward.

Therapist. Many children in hospitals receive occupational and physical therapy. Specific times for treatment are designated by the therapist and must be considered when arranging the child's daily educational schedule.

Psychologist. In many large hospitals a psychologist is on the staff, and he will do psychological testing of great interest to the teacher. When no psychologist is available on the hospital staff, the psychologist from the school district will need to include children in the hospital on his schedule.

Social worker. The social worker usually provides the teacher with information regarding the home background of the child and arranges for the parents to meet with the teacher. The social worker also arranges for the child's discharge back to the home and to the regular school. Therefore, the teacher should provide the social worker with all pertinent educational

information in order that the school in the child's home community is informed as to the progress made during the hospital stay.

Hospital librarian. The teacher should work closely with the hospital librarian in order to help the child use his free time constructively by developing an interest in reading. The librarian encourages all of the children to use the library as much as possible. Many librarians ask the teaching staff to provide lists of books which are appropriate for the various reading levels in order for the hospital library to serve its purpose more effectively.

41. What educational staff members are required to operate a hospital teaching program?

Generally, the hospital teaching program staff consists of the teachers, administrative and supervisory personnel, and the school psychologist. In some hospital school programs, attendants employed by the school district are used when special classes are established within designated school rooms in the hospital. These attendants are responsible for assisting with the children only while they are in the classroom.

42. What provision should be made for inservice training of hospital teachers?

Every opportunity possible should be given to hospital teachers to be included in the regular inservice training program offered to teachers of the nonhandicapped within the district. In some school districts it is assumed incorrectly that a hospital teacher would not profit from the regular institute program. One needs to remember that every new and challenging method of instruction is of real value to a teacher of hospitalized children. Workshops which deal with the particular problems of the hospital teacher are frequently scheduled. (See Chapter I, question 28.) All hospital teachers should be encouraged to participate as much as possible in all specialized workshops and institutes.

Chapter III

THE TELECLASS PROGRAM

School districts throughout California are continuously seeking better ways to educate pupils who are physically unable to attend school. Consequently, teleclasses have been developed, using the telephone to bring the classrooms to the pupils and to provide improved instruction by closer and longer contact with the children's teacher.

1. What is the teleclass program?

Teleclasses join groups of homebound or hospitalized pupils to their teachers by means of special telephone equipment. Pupils hear their teachers and fellow classmates as they recite, join in discussions, and receive instructions as if in a classroom. The instruction may be provided individually but is more often given in groups with the teacher controlling the mechanics.

2. What are the objectives of the program?

Teleclasses offer an improved method of home and hospital teaching by providing pupils with daily instruction in basic academic subjects. Pupils enjoy participating in a group and exchanging ideas with their peers while still confined to their beds. This group interaction serves as a stimulus to learning.

In spite of forced absences from school, pupils develop academically through teleclass instruction. They continue regular educational programs to the greatest extent health permits, or receive remedial instruction when such illness, injury, or physical condition has interfered with their normal educational progress.

Teleclass teaching offers the teacher the advantage of working solely with homebound or hospitalized pupils. Thus, he may concentrate on the presentation of material to his pupils and need not be involved with the simultaneous instruction of pupils in a classroom.

3. What pupils are eligible for teleclass instruction?

Pupils who have been diagnosed by a licensed physician and surgeon as having a physical illness, injury, or condition requiring hospitalization or confinement at home are eligible for teleclass instruction. Many school districts require a statement from the physician that the pupil is expected to be unable to attend school for at least six weeks in order to know that the equipment will be used for a reasonable length of time. The school district personnel should also explore the pupil's previous school record in order to determine which is more suitable for the pupil's needs: teleclass or individual instruction. The pupil's family or hospital personnel should also understand that a suitable learning environment has to be provided during the school day.

4. What special equipment is needed?

The pupil is provided a private telephone line which is installed in his home or by his hospital bed. His telephone operates for incoming calls only. The telephone instrument is without a dial, but it has a jack and a switch for attaching a miniaturized headset. The pupil wears the headset while being instructed so that he does not need to hold a receiver. An amplifier can be attached to the earpiece of the telephone for the pupil with a hearing loss. This equipment operates independently of any telephone in the home or switchboard in the hospital.

Special telephone consoles with dialing and switching equipment are installed in small rooms approximately 100 square feet in size. Through these two-piece consoles, the teacher makes telephone connection with his pupils. It is mechanically possible for one or more teachers to work with an individual pupil, or with groups of pupils, and for pupils to work in groups independent of the teacher's direct participation. The consoles contain an automatic dialer, using prepunched plastic cards for more rapid and accurate calling of the

pupils' telephones. A speaker-phone placed beside the console transmits the teacher's voice and receives the voices of participating pupils. All mechanical equipment is installed and maintained by the telephone company serving the area.

5. What is the responsibility of the teleclass program administrators for making the pupil's family aware of the program and family responsibility in it?

Before a pupil is enrolled in the teleclass program, a coordinator from the school calls on the parents or guardian and explains the program, the installation of equipment, and the necessary responsibilities of the pupil, the parents, and the school. Parents are assured they will not be charged for the program; however, parents must realize that moving or reinstallation of the pupil's equipment is both costly to the school district and to the pupil whose instruction is interrupted. Families are urged, therefore, to remain in the same residence until the school year ends or until the pupil is physically able to return to school. Parents should also be told that relocation of the instrument within the same home is expensive and should be avoided if at all possible.

The most suitable location for the equipment should be chosen at the time of the original installation to avoid these difficulties. A quiet place away from family distractions but convenient for handling books and papers is recommended. A form letter should follow the initial conference to repeat all this information, adding the name of the school to which the pupil has been assigned, the names of the principal and the teleclass teacher, along with telephone numbers where they may be reached.

6. What is the waiting period between order of equipment and installation of equipment?

Unless special "foreign exchange" service is required because of excessive distance between the teleclass center and the pupil, telephone equipment is usually installed at the home or at the hospital within a week from the date the order is placed with the telephone company.

Before equipment is ordered for a hospitalized pupil, the hospital administrator is contacted by the school coordinator; the program is

explained; and permission is obtained to install the telephone at the pupil's bedside. When the attending physician decides the pupil is ready to be discharged, the family is requested to notify the school coordinator, who then orders the service transferred to the pupil's home.

7. What is the cost of the teleclass service, and who is responsible for payment?

Installation and monthly rental of pupil telephones in homes costs the same as installation and rental of regular private residence lines and varies in cost with the area served. Installation and monthly rental of pupil telephones in hospitals costs the same as do business lines in that area. All rates are controlled by the Public Utilities Commission.

Teleclass operating costs, both for the equipment in pupils' homes and at teleclass centers, average approximately $25 per pupil per month. All charges are billed by the telephone company to the school district. No charge of any kind is made to the pupil, his family, or the hospital. Teleclass instruction, including all fixed charges (installation and rental of equipment in homes and centers, salaries, and so forth), costs less than half the amount for individual instruction. The cost of the initial installation of the consoles and other electronic equipment at the centers is capital expenditure and is not included in this computation. Financial advantages to the school district result from the lower cost of group instruction compared to that of individual instruction.

8. What contact is there between the teleclass teacher and the pupil's home?

When a pupil is enrolled, the teleclass teacher visits the home to meet the pupil and his family and to bring him any necessary books and materials. At that time any study program adjustments that may be needed to allow for therapy schedules, rest periods, and hospital or doctor visits are worked out.

Supplemental books, worksheets, maps, charts, special illustrations, publications, and assignments are sent from the teleclass center to the pupil's home.

Later, the teleclass teacher visits each pupil as often as is necessary to maintain personal contact with him and his family, to give the pupil any special help needed, and to administer tests. Most teleclass teachers visit each child in the home or hospital on an average of once a week.

9. What subjects and levels are included in the home or hospital curriculum, and how are these coordinated with the regular school program?

The teleclass teacher or school coordinator contacts the pupil's regular school; and, whenever possible, the program of the pupil in his regular school is offered to him.

At the elementary school level, the teacher covers the basic academic subjects and may also include music and art, art appreciation, or crafts.

At the secondary school level, the basic academic subjects are offered, with some districts offering electives in music and art appreciation, clothing, typing, and driver education.

10. How is the equipment used in teaching?

The teacher's telephone call opens the pupil's line, connecting him with the center and his classmates. A set of buttons (one button for each pupil's line) on the console enables the teacher to talk privately with one pupil or to divide the class into separate groups. The pupil's name is written on the top of each plastic dialing card; and, after dialing, the teacher places the card in the slot on the console beside the pupil's line connection. A button beside each line glows when the pupil speaks. This allows visual identification of voices and helps the teacher to observe the interaction in group discussions to which he may not be listening at the time.

The teleclass teacher may also dial a group of pupils, discuss material with them, and give them an assignment. Pupils are connected on a conference network so that all of them can participate. The teacher may then disconnect this first group entirely and call in another group, or he may leave the group connected for pupil-led discussion, practice, or review and may free only his own line to call in another pupil or group of pupils. A group of pupils

may also be connected to a taped or recorded lesson, played electronically rather than accoustically through the equipment, so that it is not broadcast aloud at the center.

After a group of pupils has been working independently for a prearranged period of time, the teacher calls the pupils again and checks their work. Pupils, therefore, need not remain in direct voice contact with the teacher throughout the entire school day. A portion of each day, as in a regular classroom, is allocated to study, drill, and group activities.

11. How are tests administered?

Testing in teleclasses is difficult. Since written tests usually require the teleclass teacher to visit the home or hospital, oral examinations are often given. Oral testing is facilitated by the console split-key equipment, which allows the teacher to hear pupils either singly or in a group without their hearing one another.

12. Must the teleclass teacher be specially qualified and hold a special credential?

A teleclass teacher must hold a valid credential to teach orthopedically handicapped children. Personal qualifications should include versatility, imagination, initiative, skill in interpersonal relations, ability to plan and organize materials, and a pleasant, expressive voice.

It is essential that the teleclass teacher be able to adapt his instruction to the visual limitations imposed by such teaching.

Instruction in operating the equipment is provided, whenever needed, by the telephone company at no charge to the district. This proves helpful in particular, when it is necessary to bring in new or substitute teachers for teleclasses.

13. How is the teleclass program administered?

Usually teleclass centers are located in the special schools for the handicapped and are administered by the principals of those schools.

Supervision of the curriculum and instruction is the responsibility of the school principal. Coordination, program advisement, and district policy development for the program are provided by the central office supervisor in charge of the special education program.

14. What are the legal provisions for the teleclass program?

Teleclasses are considered on the same basis as special day classes for physically handicapped minors, and the district operating the program receives the same special education allowances from the state. (See Chapter II, questions 7 and 8.) A minimum school day is required. Although pupils need not remain in direct telephone communication for the entire day, they must be accessible during that time. Supervised study and group activities are also part of the school day. Interdistrict contracts of homebound pupils residing in nearby areas may be arranged and their home school districts billed for educational costs. Class size must meet the same requirements as for the special day class for orthopedic or other health impaired pupils.

Appendix A

SUGGESTED FORMS FOR USE IN HOME AND HOSPITAL INSTRUCTION

PARENT REQUEST FOR HOME INSTRUCTION

Superintendent of Schools, _____ , California

Dear Sir:

I hereby make application for home instruction for:

Pupil's name _____ Date of birth _____

Pupil's home address _____ Telephone _____

_____

Name of parent or guardian _____

School last attended _____ Date of last attendance _____

Teacher _____

Remarks: _____

_____

_____

_____

Date _____ Signature of parent, guardian, or other _____

50

MEDICAL VERIFICATION FOR HOME INSTRUCTION

_____ School District

Department of Guidance and Special Education

County or City _____

To Health Adviser, Hospital, or Clinic:

Home instruction is being considered for the child whose name appears on the form below. Medical advice is necessary in determining whether or not the child is physically unable to attend school. Your advice and recommendation will be appreciated.

Child's name _____ Date of birth _____

Parent's name and address _____

_____

Diagnosis _____

Is home instruction recommended? Yes _____ No _____

What limitations are necessary on child's physical activity? _____

_____

_____

Probable length of time child will be homebound:

_____ weeks _____ months _____ year (s)

Date _____ _____

Examining Physician

REPORT FROM THE REGULAR SCHOOL TO THE HOME TEACHER

_____ School District

Department of Guidance and Special Education

_____ , California

Principal _____ Date _____

_____ School

_____ , California

Home instruction is being arranged for _____ while he is physically unable to attend _____ School. It is important that his school record be sent to the Department of Guidance and Special Education so that the home instructor will be able to place him properly in his school work. Please fill in this form and return immediately to our department.

Grade _____ Teacher's name _____

Basic textbooks being used by the pupil at time of withdrawal from school:

_____

_____

Please give explicit information about grade level and progress of pupil in the following subjects:

Reading _____ Spelling _____

Arithmetic _____ Social Sciences _____
(Geography and History)

Literature _____ Science _____

Suggestions by Principal or Teacher for Home Instructor: _____

_____

_____

Date _____ Principal _____

REGULAR TEACHER'S REPORT TO HOSPITAL TEACHER

_____, School District

Department of Guidance and Special Education

_____, California

Teachers who are employed in the _____ Hospital enable children who are patients to carry on their school work. It is important, therefore, that a child's school record be sent to the hospital, so the hospital teacher will be able to place him properly in his schoolwork. Please fill in this form and return immediately to the teacher and hospital named below:

Teacher _____

Hospital _____ Address _____

Name of pupil _____

Address of pupil _____ Date of birth _____

Name of parent or guardian _____

School pupil last attended _____ Grade _____

Basic textbooks being used by the pupil at time of withdrawal from school:

_____

_____

Please give explicit information about grade level and progress of pupil in the following subjects:

Reading _____ Spelling _____

Literature _____ Social Sciences _____
(Geography and History)

Arithmetic _____ Science _____

Date _____ Teacher _____

Address _____ School _____

REPORT TO SCHOOL UPON STUDENT'S RETURN

(Hospital Instruction)

_____ School District

Department of Guidance and Special Education

Name _____ Date of birth _____

Grade _____ School last attended _____

Reason left _____
(Example: "Transferred to hospital instruction")

School to which he is returning _____ Date of return _____

Date hospital instruction began _____ Date ended _____

Subjects covered _____

_____

Discovery of special problems in _____

_____

_____

Brief summary of case _____

_____

Recommendations _____

_____

_____
Name of hospital teacher

_____
Name of hospital

_____
Address of hospital

Date _____

Appendix B

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